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For action

Country programme recommendation**

Federal Republic of Yugoslavia

Summary

The present document contains a recommendation for funding from supplementary funds for the country programme of the Federal Republic of Yugoslavia with a duration of three years. The Executive Director *recommends* that the Executive Board approve the amount of $7,541,000 from supplementary funds, subject to the availability of specific-purpose contributions, for the period 1999 to 2001.

* E/ICEF/1998/12.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1997. They will be contained in the "Summary of 1998 recommendations for general resources and supplementary funding programmes" (E/ICEF/1998/P/L.21).

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Basic data
(1996 unless otherwise stated)

Child population (millions, under 18 years)	2.7
U5MR (per 1,000 live births)	22
IMR (per 1,000 live births)	19
Underweight (% moderate and severe)	2
Maternal mortality rate (per 100,000 live births) (1990)	..
Literacy (% male/female)	99/97
Primary school enrolment (% net, male/female)	../..
Primary school children reaching grade 5 (%) (1995)	100
Access to safe water (%)	76
Routine EPI vaccines financed by the Government (%)	0
GNP per capita (US$)	a/
One-year-olds fully immunized against:	
tuberculosis:	97 per cent
diphtheria/pertussis/tetanus:	91 per cent
measles:	91 per cent
poliomyelitis:	94 per cent
Pregnant women immunized against tetanus:	..

a/ Between $786-$3,115.

The situation of children and women

1. Over the past six years, the Federal Republic of Yugoslavia has undergone severe political, economic and social crises, with devastating effects on children and women. The country now hosts the largest refugee population in Europe, has an unemployment rate of some 55 per cent, and more than one third of families live in poverty. Kosovo and Metohija (later referred to as Kosovo), the poorest region in the country and one of the least developed parts of Europe, is a zone of heightened ethnic tension and insecurity.

2. According to the data from the Census of Refugees and Other War-Affected Persons and the Office of the United Nations High Commissioner for Refugees (UNHCR), there are about 552,000 refugees and displaced persons in the country, including about 145,000 children up to the age of 18 years, 28 per cent of whom are preschool children and 46 per cent between the ages of 7-14 years. The majority of refugees live with host families, while some 100,000 reside in collective centres. Providing basic needs for refugees is a heavy burden on the country's weakened economy and impoverished host families.

3. The overall quality of child welfare and social services, which support about 1.2 million children up to 18 years of age, has declined owing to poor maintenance of physical facilities, and their supply is insufficient for needs. According to Ministry for Family Welfare data, there are some 30,000 abused and neglected children, as well as about 10,000 street children and exploited children.

4. Many primary and preventive health care facilities lack basic equipment and supplies. Some 53 per cent of infant deaths occur within the first month of life due to inadequate prenatal and perinatal services. Kosovo has the highest percentage in Europe of deliveries without professional help (27 per cent). For children under five years old affected by acute diarrhoea, only one third in

80 per cent of cases. Despite compulsory immunization, reported cases of polio, measles, tuberculosis and neonatal tetanus increased during the period 1992-1997. More than 90 per cent of HIV/AIDS cases in the country are registered in Belgrade, making the city of 2 million a high-risk area. A knowledge, attitudes and practices survey related to HIV/AIDS showed that only 16 per cent of people changed their behaviour after learning about the dangers.

5. Declining living standards have resulted in a deterioration in nutrition, especially among the country's 4 million poor. Every second child admitted to a hospital is anaemic. Every tenth child under five years old are overweight for age and every eighth child is obese, reflecting poverty-related dietary behaviour. In Kosovo, every fifth child is stunted. Iodine deficiency is again on the rise owing to non-implementation of legislation on salt iodization. The rate of exclusive breastfeeding of children at four months of age is only 6 per cent.

6. Recent data indicate that the primary school enrolment rate is only 72 per cent. In underdeveloped regions, more than 30 per cent of pupils, 70 per cent of whom are girls, do not continue primary school after the fourth grade. The education system is affected by a drastic decline in public expenditure, deteriorating physical conditions of schools, a lack of teaching aids and conservative teaching methods. Following the rejection of official educational curricula by the Albanian minority in Kosovo, a parallel educational system not acknowledged by the Government has been in effect there since 1991. A joint agreement reached in March 1998 to proceed to the normalization of the education system in Kosovo for Albanian children and youth has yet to be implemented.

7. The Constitution guarantees equality of all citizens and provides for the special protection of women, including their reproductive rights. Labour legislation guarantees equal rights to women and men of the same qualifications in respect of job applications and wages. However, the concentration of women in low-paid sectors of the economy results in lower average wages for women. Women are also much more likely to be laid off than men.

Programme cooperation, 1996–1998

8. The aim of the previous programme of cooperation between the Government and UNICEF was to help restore and maintain national capacities for basic services most crucial to the survival and development of children and women through improvement in monitoring, information management and planning systems, as well as through the introduction of cost-effective innovative technologies.

9. In the health sector, UNICEF assisted the development of new national policies on maternal and child health (MCH) care, rationalized immunization calendar and preparation of the new Decree on Mother and Child Health Care. Training on new approaches in MCH care was conducted. For the first time, the multiple indicator cluster survey (MICS) analysed living conditions, water and sanitation, nutritional status and care of healthy and sick children under five years old, taking into account regional, urban and rural differences. Community health education based on *Facts for Life* was initiated in Kosovo. The infectious disease surveillance system was strengthened and outreach immunization services in Kosovo improved by providing vehicles, cold-chain equipment and individual immunization cards. During the subnational immunization days for polio eradication, 590 immunization teams and 7,000 volunteers were mobilized to achieve 93 per cent coverage with oral polio vaccine of all children under five years old.

10. UNICEF supported nutritional surveillance by providing growth monitoring supplies to primary health care (PHC) centres, covering 80 per cent of children under five years old. Fourteen maternities have been certified as "baby-friendly", improving conditions and care for pregnant women and mothers. More than 2,600 health professionals, social workers and volunteers were trained in lactation management. Changes in nutrition behaviour were initiated through the dissemination of a manual on feeding during pregnancy and lactation. A national programme for iodine deficiency disorders (IDD) was prepared, and studies of IDD in endemic regions and the prevalence of goitre in schoolchildren were conducted. A study on the costs of infant feeding was published which emphasized the benefits of breastfeeding.

11. In education, UNICEF supported the training of 1,500 teachers in interactive learning methods and 5,500 preschool and primary school teachers and school psychologists in educating children for peace and tolerance, rights, and constructive and responsible behaviour. Twenty-two model schools were established to introduce interactive learning methods. About 600 local activities for the promotion of the Convention on the Rights of the Child have been initiated, involving parents, children, teachers and local communities. A survey on the educational problems of refugee children showed a lower level of educational preparedness as a consequence of war-disrupted educational systems, war traumas, family separation, inadequate living conditions and lack of basic

supplies. UNICEF supported remedial classes for those children, provided school supplies and trained teachers to provide psychosocial assistance to these pupils to enhance their self-esteem, concentration and learning abilities.

12. To support children in need of special protection measures, UNICEF assisted in strengthening a network of 22 regional psychosocial centres with professionals trained in identifying symptoms of stress and trauma and in providing care to traumatized children. A network of 30 social welfare institutions was supported to work with families of children with special needs. Workshops for foster parents and parents of juvenile delinquents were organized to enhance parental capacities. Psychosocial rehabilitation was provided to more than 2,000 war-affected children from Bosnia and Herzegovina and for all children from Kosovo affected by the recent polio outbreak.

13. Advocacy and social mobilization for children's rights included training on the Convention of the Rights of the Child for professionals dealing with children in conflict with the law and for journalists. UNICEF supported the establishment of the Yugoslav Child Rights Centre and facilitated the preparation of the Yugoslav Plan of Action for Children to the Year 2000, which was adopted in December 1996. A number of local committees for the protection of children's rights were established. UNICEF launched a survey on the status of women. To expand children's participation, a group of children who had been trained on the Convention at the UNICEF-supported summer school participated in the mid-term review (MTR) process. Several local fund-raising activities were organized in cooperation with the Government, non-governmental organizations (NGOs), media and the private sector.

Lessons learned

14. The MTR confirmed the need to shift the emphasis of activities from service delivery to institutional capacity-building and the importance of supporting the process of decentralization towards full participation of children and communities in providing sustainability of basic services. The success of the subnational immunization day campaigns against poliomyelitis, involving the joint collaboration of UNICEF and other United Nations agencies, the Government and local and international NGOs, provided an excellent illustration of the importance of UNICEF in humanitarian action and showed that its role as a non-political organization must be maintained.

Recommended programme cooperation, 1999–2001

Estimated annual expenditure
(In thousands of United States dollars)

	1999	*2000*	*2001*	*Total*
Supplementary funding				
Health	1 080	1 000	890	2 970
Nutrition	160	120	90	370
Education	440	410	350	1 200
Children in need of special protection measures	370	320	240	930
Cross-sectoral costs	805	697	569	2 071
Total	**2 855**	**2 547**	**2 139**	**7 541**

Country programme preparation process

15. Preparation of the proposed country programme was coordinated by the Yugoslav Commission for Cooperation with UNICEF and involved all relevant sectoral ministries, institutes of public health of Serbia and Montenegro, the Mother and Child Health Care Institute, the Institute for Mental Health and local NGOs such as

Friends of Children, the Yugoslav Child Rights Centre and the Yugoslav Association Against AIDS. Consultations also were held with United Nations agencies present in the country.

Programme objectives and strategies

16. The proposed programme of cooperation for 1999-2001 will continue to assist the Government, NGOs and local communities to restore and maintain national capacities to ensure children's survival, development, protection and participation, and to enable children and women to attain their rights.

17. The objectives are established in accordance with the National Plan of Action (NPA) for Children, which reflects World Summit for Children goals and the principles of the Convention on the Rights of the Child and include: (a) achievement of universal child immunization; (b) the reduction of the infant mortality rate to 12 per 1,000 live births and the under-five mortality rate to 15 per 1,000 live births, and the maternal mortality rate to 10 per 100,000 live births; (c) ensuring universal access to health education; (d) improving the nutritional status of children and the promotion of breastfeeding; (e) assisting in the improvement of hygienic conditions; (f) increasing access to quality basic education; and (g) supporting child development by reducing the psychosocial effects of war and crisis, and ensuring the optimal development of children with special needs.

18. The following strategies are built around the rights-based approach: (a) to strengthen national capacities to implement policies guaranteeing the rights of children and women; (b) to facilitate the greater empowerment of civil society through decentralization; (c) to continue with a humanitarian response for at-risk communities and families to meet their children's survival and development needs, with a special focus on the poorest or most marginalized children and women; (d) to focus on area-based interventions in Kosovo by strengthening service delivery, professional capacity-building, community social mobilization and advocacy on the Convention on the Rights of the Child; (e) to advocate compliance with the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women; (f) to strengthen partnerships among the Government, NGOs and other organizations and institutions to maximize the effectiveness of programme interventions; and (g) to empower children, adolescents and the community through their participation in multisectoral activities.

Health

19. Programme priority will be given to the promotion and improvement of community health services in underserved areas. Support will be given to promoting the universalization of immunization, with an emphasis on polio eradication and measles reduction, through equipping outreach immunization teams and strengthening the reporting and surveillance capacity of expanded programme on immunization (EPI) units. Particular attention will be given to EPI capacity-building in Kosovo where coverage is lowest. Health sector reform will be supported through increasing access to information and training of health workers in the implementation of the newly developed policies focusing on MCH. Health education also will be supported, with a special focus on adolescent health, planned parenthood, the adoption of healthy lifestyles, and empowerment of the communities.

Nutrition

20. This programme will focus on growth monitoring advocacy, especially targeting refugee children, at-risk children in Kosovo, urban communities and socially vulnerable groups. UNICEF will promote proper infant feeding practices and the dissemination of information on the benefits of breastfeeding and the Baby-Friendly Hospital Initiative, and on improved nutrition for adolescent girls, pregnant women and lactating mothers. The emphasis in breastfeeding promotion activities will be shifted from health workers to the community by intensifying the media campaign and facilitating the establishment of women's support groups. UNICEF will facilitate the early detection of micronutrient deficiencies through enhancement of nutritional surveillance. Research, particularly on iron and iodine deficiencies, will be conducted.

Education

21. The programme will focus on ensuring universal primary education. A survey on the causes of high drop-out rates of girls in rural areas will be initiated in 1998. Improvement to the quality of education will be supported through the large-scale application of active learning methods. Support also will be given to the establishment of an education management information system aimed at diminishing disparities in education coverage, particularly for girls. Decentralization will be encouraged by strengthening the model schools as resource centres for regional and local programme extension. Another priority will be to meet the basic learning needs of children and adolescents in need of special care. Didactic materials and teaching aids will be

provided. The development of various forms of early childhood education programmes and preschool education will be supported, with a focus on children in rural and underdeveloped areas and children with special needs. A special programme component for capacity-building and interactive learning will be developed and implemented in Kosovo.

Children in need of special protection measures

22. The programme will target assistance to refugee and internally displaced children; orphans and children without parental care in foster families and institutional care; disabled children and those with behavioural disorders; and street children and child victims of exploitation, abuse and neglect. Professionals and other care-providers will be trained to identify children and adolescents in need of special protection and to provide them with adequate assistance within the educational, PHC and social welfare systems. The emphasis will be on increasing family competencies for raising children and increasing community awareness on children's rights and the capacities to support healthy child development.

Advocacy and social mobilization

23. UNICEF will seek to integrate the Convention on the Rights of the Child in sectoral planning and decision-making processes at all levels. Decentralization of the NPA and strengthening of the Mayors as Defenders of Children Initiative and community involvement will be priorities. UNICEF will support the establishment of a monitoring system on implementation of the Convention and the promotion of its awareness for professionals in the legal, police, military, media and social sectors. Preparation of an NPA for the Improvement of the Status of Women will be supported. A national intersectoral team will be established for advocacy and social mobilization for youth and adolescent problems, including HIV/AIDS. UNICEF will support children's participation and peer education on the Convention.

Monitoring and evaluation

24. Analysis of available social indicators for monitoring the achievement of goals for women and children based on the two Conventions will continue through the TransMONEE Project (a project for monitoring the transition in the region). Following the first round of the MICS of key child indicators in 1996, a second round will be conducted in 2001. The increased participation of children, through joint field visits with staff and counterparts, will contribute to the assessment of programme implementation and effectiveness. Annual and mid-term reviews will be conducted. Monitoring and evaluation activities will be reflected in an integrated monitoring and evaluation plan to be incorporated in the master plan of operations.

Collaboration with other agencies

25. Although many United Nations agencies are not represented in the country, UNICEF will continue its close cooperation with those that are present, notably with UNHCR and the World Food Programme (WFP) in support to social services and humanitarian assistance for refugees and other displaced populations. Joint logistical and communications arrangements have been established with UNHCR and WFP in Kosovo. UNICEF will continue to collaborate closely with the World Health Organization in EPI and health sector reform. Regular coordination meetings will be held to harmonize programme and operational activities. Partnerships with local and international NGOs also are being established.

Fund-raising

26. Funding for the programme is expected to come primarily from donor Governments and special appeals of National Committees for UNICEF. Donor briefings and field visits will be organized and regular programme updates issued. To promote in-country fund-raising, UNICEF commenced greeting card operations in 1997. Initial results are encouraging, and there are plans to expand sales. Other local fund-raising activities, with both the Government and the private sector, also will be organized.

Programme management

27. UNICEF programme and operational activities in the country are managed by the area management team for Bosnia and Herzegovina, Croatia, The former Yugoslav Republic of Macedonia, and the Federal Republic of Yugoslavia, and by the country office in Belgrade, with a field presence in Pristina (Kosovo). The programme has been designed with a combination of advocacy and direct support activities towards the programmes goals. Staff time will be devoted to technical assistance and advocacy while donors are identified for the unfunded component of the country programme. UNICEF Belgrade, as in other locations, maintains a regularly updated emergency preparedness capacity in view of ongoing instability in the area. Further office and staff restructuring may be required during the programme period in line with developments in the region.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : FR of Yugoslavia
PROGRAMME : 1999-2001

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH	0			0	0	0	0	0	0	0	0	0	0	0	0	0	0
NUTRITION	0			0	0	0	0	0	0	0	0	0	0	0	0	0	0
EDUCATION	0			0	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILDREN IN NEED OF SPE PROTCN MEA	0			0	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS	0			0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL GR	0			0	0	0	0	0	0	0	0	0	0	0	0	0	0
SUPPLEMENTARY FUNDING :																	
HEALTH		0	2,970,000	2,970,000	0	0	0	0	1	0	1	1	1	3	256,698	244,393	501,091
NUTRITION		0	370,000	370,000	0	0	0	0	0	0	0	0	1	1	0	90,442	90,442
EDUCATION		0	1,200,000	1,200,000	0	0	0	0	0	0	0	2	0	2	0	282,594	282,594
CHILDREN IN NEED OF SPE PROTCN MEA		0	930,000	930,000	0	0	0	0	0	0	0	0	1	1	0	79,329	79,329
CROSS-SECTORAL COSTS		0	2,071,000	2,071,000	0	0	0	0	0	0	0	1	6	7	0	598,725	598,725
TOTAL SF		0	7,541,000	7,541,000	0	0	0	0	1	0	1	4	9	14	256,698	1,295,483	1,552,181
TOTAL GR & SF	0	0	7,541,000	7,541,000	0	0	0	0	1	0	1	4	9	14	256,698	1,295,483	1,552,181
SUPPORT BUDGET		Operating costs		8,700													
		Staffing			0	0	0	1	0	0	1	0	1	2	358,799	79,829	438,628
GRAND TOTAL (GR + SF + SB)					0	0	0	1	1	0	2	4	10	16	615,497	1,375,312	1,990,809
	Number of posts and staff costs:																
	Current programme cycle										2	4	10	16			
	At the end of proposed programme cycle (indicative only)										2	4	10	16	615,497	1,375,312	1,990,809

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = International Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.